

Seasonal Employee Time Sheet

Watertown Recreation Department

Administration Building

149 Main Street

Watertown, MA 02472

617-972-6494 (Fax) 617-926-6129

Employee Name: _____

Position/Activity: _____

Supervisor Name: _____

Account Number: _____

Week Starting: _____

Week Ending: _____

Day	Date	Time In	Time Out	Time In	Time Out	Total Hrs	Rate	Pay	Activity
Sun									
Mon									
Tue									
Wed									
Thur									
Fri									
Sat									
Day	Date	Time In	Time Out	Time In	Time Out	Total Hrs	Rate	Pay	Activity
Sun									
Mon									
Tue									
Wed									
Thur									
Fri									
Sat									
Total									

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

This time sheet can be used on a weekly or bi-weekly basis.

Please return it by the Monday following your most recent week of employment